

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/OL/LSD 5	
1. TITLE OF REPORT (if a fill-in report include Form No.) Progress & Accomplishments against Objectives						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL		<input checked="" type="checkbox"/> TRAINING <input checked="" type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED Three (3)		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually		6. DISTRIBUTION (No. of components not number of copies) O/Logistics, OL/B&F; 2 OL/LSD.			
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT LN 30-17 (Financial Admin.)			
10. PREPARING COMPONENT (include lowest level contributing information to report) O/Ch/LSD and (7) seven Branches.				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Information taken from weekly reports.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS 12.5	7.73		4		30.82	1	30.82
GS 5.1	3.15		2		6.20	1	6.20
B. COSTS OF COMPUTER PRODUCED REPORTS							
6 TOTAL COSTS PER YEAR						37.02	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Request for statement of progress and accomplishments against objectives for submission in program call.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY 9 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Reports Officer, LSD/OL				18. EXTENSION <input type="checkbox"/>	